

## UNITED STATES DISTRICT COURT

for the

Southern District of Texas

MICHAEL L. VICKERS; SHERIFF BRAD COE, in his  
official capacity; KINNEY COUNTY, TEXAS; and  
ATASCOSA COUNTY, TEXAS

\_\_\_\_\_  
*Plaintiff(s)*

v.

JOSEPH R. BIDEN, JR., President, in his official  
capacity, et al.

\_\_\_\_\_  
*Defendant(s)*

Civil Action No. 2:24-cv-00196

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* United States of America

Office of United States Attorney  
Southern District of Texas  
1000 Louisiana, Ste. 2300  
Houston, TX 77002

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Christopher J. Hajec  
Immigration Law Reform Institute  
25 Massachusetts Ave., NW, Suite 335  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: August 2, 2024

Nathan Ochsner, Clerk of Court

s/ Verlinda Rios

Signature of Clerk or Deputy Clerk

Civil Action No. 2:24-cv-00169

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* United States of America  
 was received by me on *(date)* 08/02/2024 .

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☒ Other *(specify)*: On August 6, 2024, I served this summons and Plaintiffs' original complaint, via certified mail, return receipt requested #7002 3150 0003 3823 3493, to the address below. The summons was delivered on August 13, 2024, as depicted on the attached return receipt.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 09/25/2024

/s/ Matt Crapo

*Server's signature*

Matt A. Crapo, Attorney

*Printed name and title*

Immigration Reform Law Institute  
 25 Massachusetts Ave., NW, Suite 335  
 Washington, DC 20001

*Server's address*

Additional information regarding attempted service, etc:

United States of America  
 Office of United States Attorney  
 Southern District of Texas  
 1000 Louisiana, Ste. 2300  
 Houston, TX 77002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> United States of America  Office of United States Attorney  Southern District of Texas  1000 Louisiana, Ste. 2300  Houston, TX 77002 </div>		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 8/13/24
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number 7002 3150 0003 3823 3493		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1035	